

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8			/				58						
9				4			59						
10				4			60						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		6				TOTAL IND.						
TOTAL DEP.	3		23				TOTAL DEP.						
TOTAL CLAIMS	7		29				TOTAL CLAIMS						

BEST AVAILABLE COPY